

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562,110

FILING DATE

2/3/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		①		1		
7		1		1		
8		1		1		
9		①		1		
10		1		1		
11		1		1		
12		①		1		
13		①		1		
14		①		1		
15		1		1		
16		①		1		
17		1		1		
18		①		1		
19		①		1		
20		①		1		
21		1		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27		①		1		
28		1		1		
29		①		1		
30		①		1		
31	1		1			
32		1		1		
33		1		1		
34		3		1		
35		①		1		
36		①		1		
37		1		1		
38		①		1		
39		1		1		
40		1		1		
41		1		1		
42		①		1		
43		①		1		
44		1		1		
45		1		1		
46		①		1		
47		1		1		
48		①		1		
49		①		1		
50		①		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52				1		
53		①		1		
54	1		⑤			
55	1		⑤			
56	1		⑤			
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓	2	↓		↓
TOTAL DEP.	55	←	51	←		←
TOTAL CLAIMS	60		53			